PART B - FEE(S) TRANSMITTAL

Comprise and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where

maintenance fee notificat	ions.		a specifing a new con	maintenanc espondence	e fees will be address; and/or	mailed to the current of (b) indicating a separ	correspondence address as ate "I'EE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 22494 7590 06/63/2009					Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
DALY, CROW SUITE 301A 354A TURNPIK CANTON, MA (Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmital is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.						
CANTON, MAC	72021-2714			/lary H. W		•	(Depositor's marine)	
				Mar	4 H. h	Lite	(Signature)	
	— V	······································	<u>L</u>	<u> </u>	ang 3	2009	(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	R	ATTO	RNEY DOCKET NO.	CONFIRMATION NO.	
10/814,852 : 03/31/2004 TITLE OF INVENTION: SYSTEM AND METHOD FOR REDUCING T			Maurizio Fava	·	. , v	IGH-028AUS	5608	
APPLN, TYPE			T			CAL TRIALS		
<u> </u>	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAI	D ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$755	\$0	_	S0	\$755	09/03/2009	
EXAMI		ART UNIT	CLASS-SI/BCLASS		18/24/2009 i	1GEBREM2 00000040	10814852	
SQUIRES, ELIZA A 3626			705-002000		11 FC:2501		755.00 OP	
1. Change of correspondence address or indication of "Fre Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			2. For printing on the patent from page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively. 1 Daly, Crowley, Mofford & Durkee, LL or agents OR, alternatively.					
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME AN	D RESIDENCE DATA	TO BE PRINTED ON T	THE PATENT (print or ty	pe)		****		
PLEASE NOTE: Unler recordation as set forth	ss an assignee is identi in 37 CFR 3.11. Comp	fied below, no assignee detion of this form is NO	data will appear on the p	oatent, If an	assignce is ide	ntified below, the doc	ument has been filed for	
(A) NAME OF ASSIGNEE			data will appear on the patent. If an assignce is identified below, the document has been filed for T a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY)					
The General Hospital Corporation Boston, MA								
Please check the appropria	te assignee category or	categories (will not be pr	inted on the patent):	Individual	Corporatio	n or other private group	entity Government	
la. The following fee(s) an	Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed.							
Publication Fee (No small entity discount permitted) Advance Order - # of Copies			Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 500845 (enclose an extra copy of this form).					
Change in Entity Status			b. Applicant is no lon	SIL ACCOUNT	· Summer Sum	0045 (enclose an e	xtra copy of this form).	
NOTE: The Issue Fee and I interest as shown by the rec	Publication Fee (if requ	ired) will not be accepted	from unicone other than I	he applicant	a registered at	orney or agent; or the a	assigner or other party in	
Authorized Signature	(hunto	Les S. Del	14	Date	81211	·		
Typed or printed name _ Christopher S. Daly				Registration No. 37,303				
his collection of information application. Confidential ubmilting the completed a his form and/or suggestion lox 1450. Alexandria. Virgula 22313 ander the Paperwork Reduction of the Paperwork Reduction.	-1450.				711LUS. 31,11D	10. Commissioner for	rmens, r.o. box 1430,	
nder the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.								